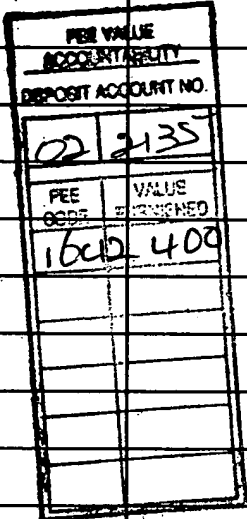


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REQUEST FOR PATENT FEE REFUND			
1. Date of Request: _____		2. Serial/Patent # 10/518591	
3. Please refund the following fee(s):		4. PAPER NUMBER	5. DATE FILED
		6. AMOUNT	
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
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<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
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		7. TOTAL AMOUNT OF REFUND	
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		8. TO BE REFUNDED BY:	
10. REASON:		Treasury Check	
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<input type="checkbox"/>	Duplicate Payment	9. <input type="text" value="0"/> <input type="text" value="--"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
<input type="checkbox"/>	No Fee Due (Explanation):		
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